

Name
in
Full

Mrs Sallie Lloyd Bennett

CERTIFICATE OF DEATH

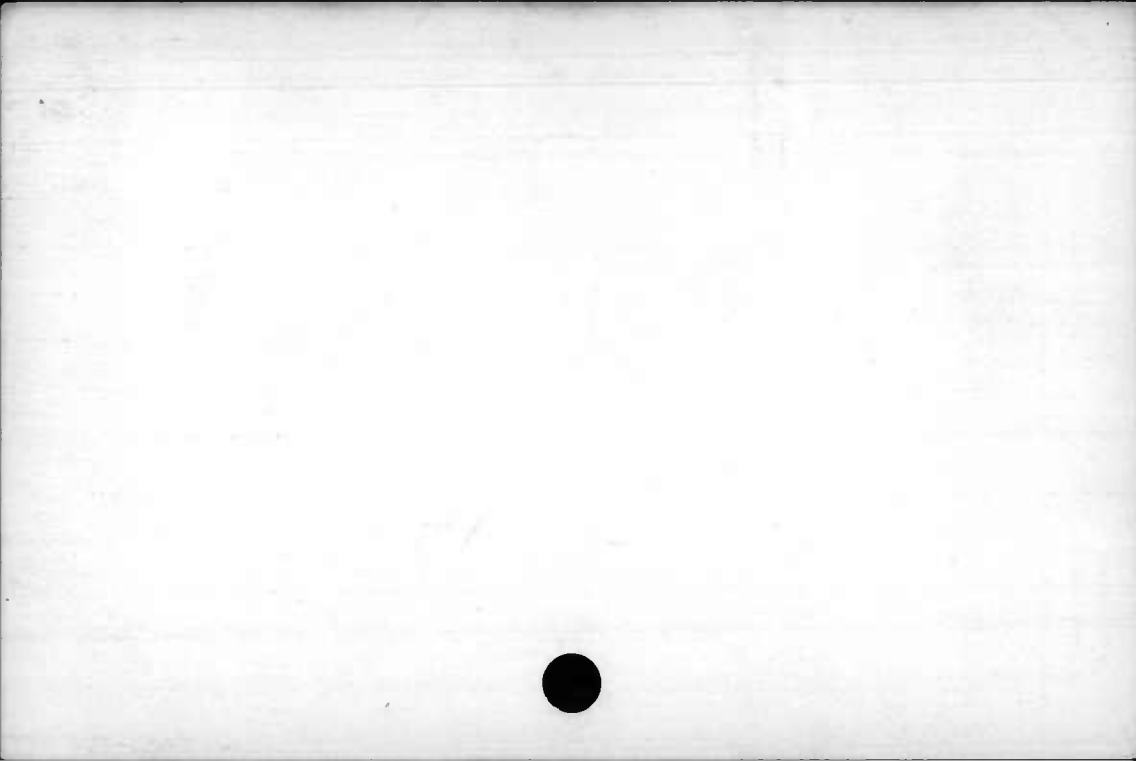
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Mar</i>	Day <i>14</i>	Years <i>77</i>	Age	Months <i>11</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co, Md</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Capt John William Bennett-deceased.</i>					
Father's Name <i>Charles Lowdnes</i>				Father's Birthplace <i>Charlestown W. Va.</i>			
Mother's Maiden Name <i>Sallie Scott Lloyd</i>				Mother's Birthplace <i>Talbot Co, Md</i>			
Name of person giving information <i>Chas Lowdnes Bennett</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Embolism Complicated by Paralysis</i>	How long <i>9 Days</i>
Immediate <i>Exhaustion</i>	How long <i>66</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel B. Sprecher</i>
—	Address <i>Sykesville, Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Spring field State Hospt.		Sykesville		Carroll Co		
	Date of death	Month	Day	Years	Months	Days	
	1905	March	22	Age 27			
	Sex	Color or Race		Birth-place			
	Female	White		Md -			
	Occupation	Where Residing if not at place of death					
None		Howard County					
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband				
	Widowed						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		How related to deceased				
				CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		Chronic Nephritis		How long		170
	Immediate		Old age & exhaustion		How long		unknown -
	Are the name, age, sex, color, date and place correctly given above?		Yes -		Signature of Physician		Charles J. Hill M.D. -
	As far as our records show		Address		Spring field State Hospt		
	Accident or Suicide?		No -		Sykesville - Carroll Co. Md.		

121



Name
in
Full

Catharine Buckingham

CERTIFICATE OF DEATH

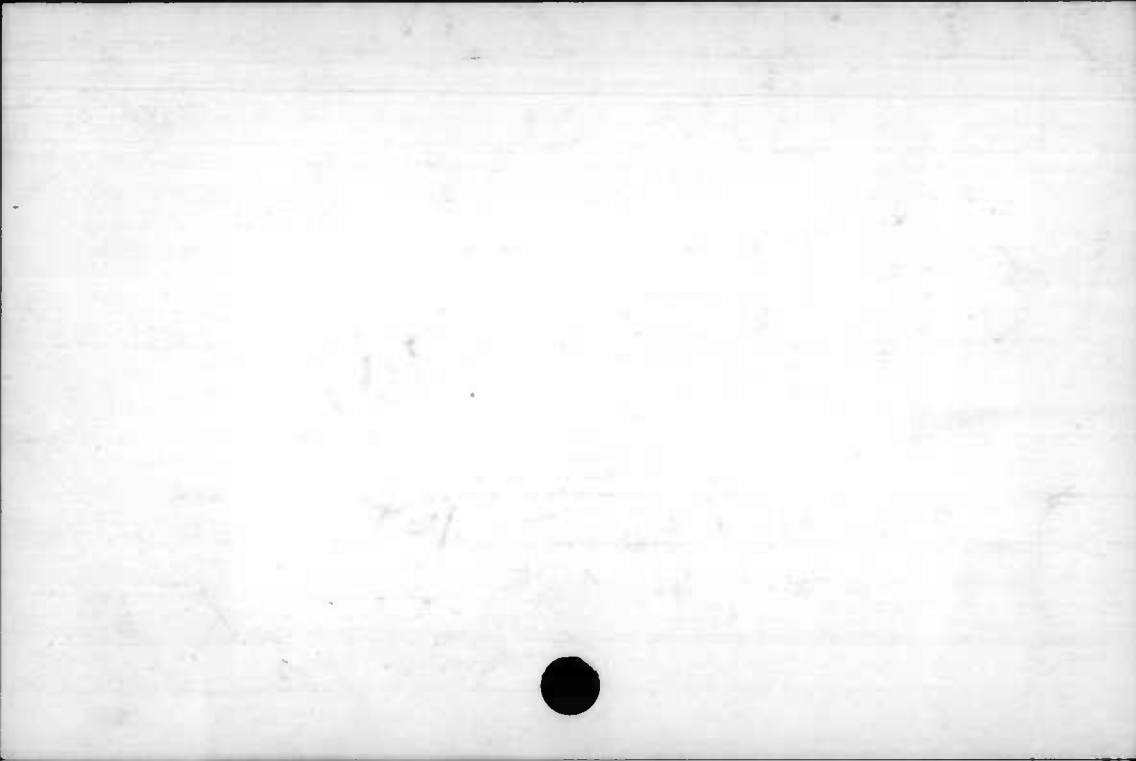
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Long</i>		County <i>Barroll</i>		MARYLAND	
Date of death		Month <i>3</i>	Day <i>7</i>	Age	Years <i>87</i>	Months <i>8</i>	Days <i>26</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co. Md.</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Long,</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband _____					
Father's Name _____						Father's Birthplace _____	
Mother's Maiden Name _____						Mother's Birthplace _____	
Name of person giving information _____						How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility 154</i>	How long	<i>1 yr.</i>
Immediate	<i>Cold, general debility</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. D. Leroux</i>	
		Address <i>Winfield Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i>		Town <i>Barrett</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>8</i>	Age <i>1</i>	Years	Months <i>6</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name or Wife or Husband				
Father's Name <i>Charles Cunningham</i>			Father's Birthplace				
Mother's Maiden Name <i>Carrie Rake</i>			Mother's Birthplace				
Name of person giving information <i>C. B. Cunningham</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebrospinal Meningitis</i>	How long <i>Five days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. F. Richardson</i>
	Address <i>Hampstead</i>
Accident or Suicide?	



Name
in
Full

Adam Clarke

CERTIFICATE OF DEATH

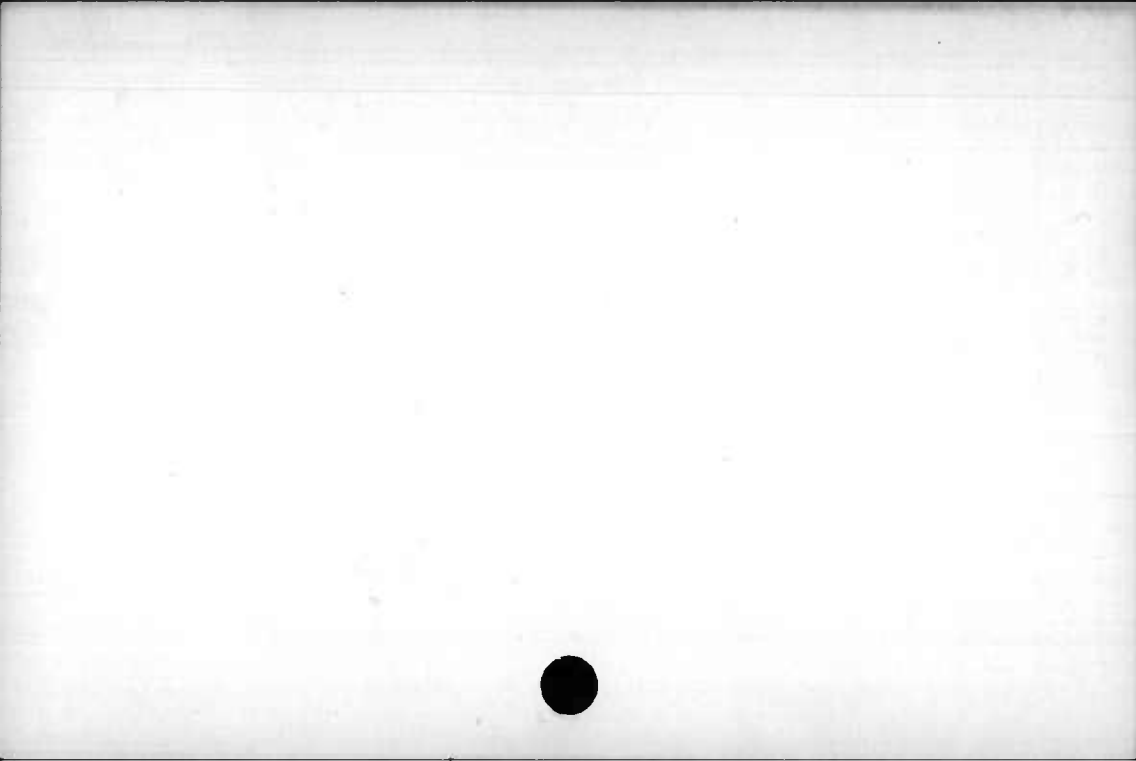
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy town</i>		County <i>Leannee</i>		MARYLAND	
Date of death	1905	Month <i>Febr</i>	Day <i>3</i>	Age <i>41</i>	Months <i>10</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Paper hanger</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Adam Clarke</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Barbara Thoma</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Adam Clarke</i>			How related to deceased <i>Father</i>		

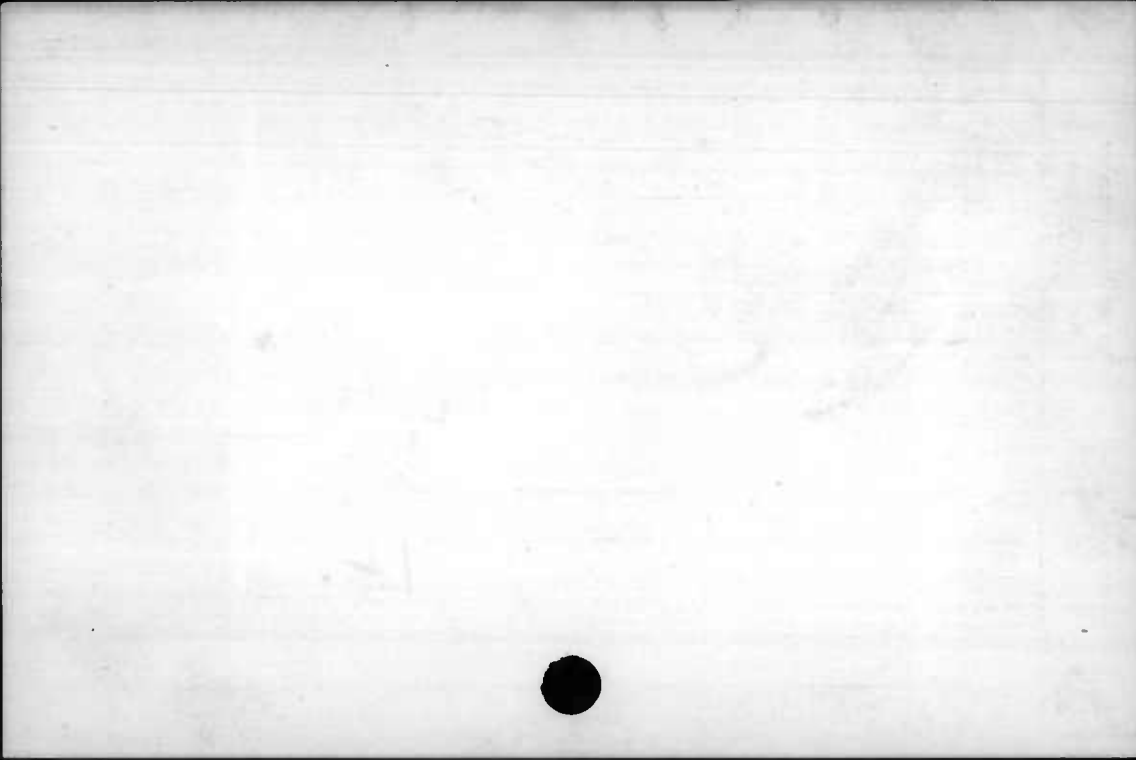
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>3 years</i>
Immediate	<i>Brain tumor</i>	How long	<i>18 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. B. Borne</i>	
		Address <i>Sandy town</i>	
Accident or Suicide?			



Name in Full		Muriel Catherine Costley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Daniel		County Carroll		MARYLAND
	Date of death		1905	Month 3	Day 30	Age —	Years —
	Sex Female		Color or Race Black		Birth-place Daniel		
	Occupation				Where Residing if not at place of death Daniel		
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Jacob H. Costley				Father's Birthplace Carroll Co.		
	Mother's Maiden Name Mary L. Costley				Mother's Birthplace Carroll Co.		
Name of person giving information Jacob H. Costley				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Bronchial Pneumonia				How long 3 days		
	Immediate Bronchial Pneumonia				How long 3 days		
	Are the name, age, sex, color, date and place correctly given above? yes.				Signature of Physician E D Crank		
					Address Winfield Md.		
	Accident or Suicide?						



Name
in
Full

File Rebecca Susan

CERTIFICATE OF DEATH

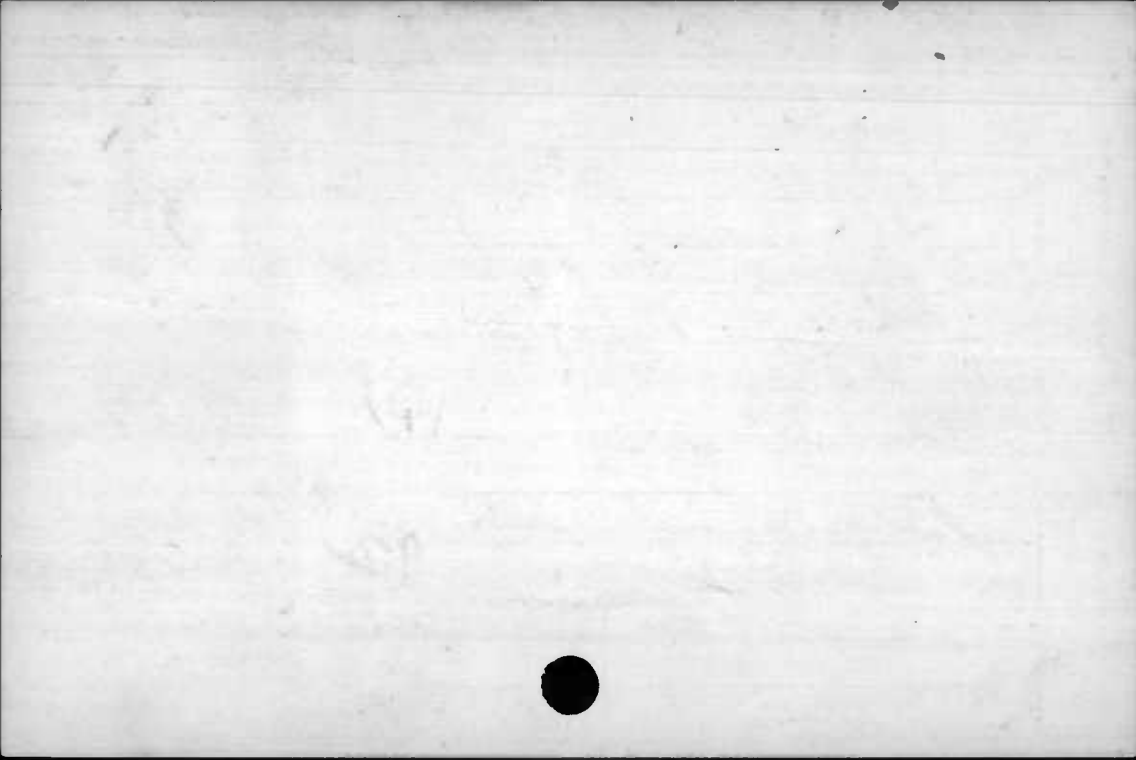
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dyersville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	Mar	Day	29
Age	38	Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John T. Fite		
Father's Name	Henry Blackson			Father's Birthplace	Ind
Mother's Maiden Name	Susan			Mother's Birthplace	Ind
Name of person giving information	H. Loogaybell			How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bilious Colic & Vomiting</i>	How long	<i>3 days</i>
Immediate	<i>Intoxication</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. H. H. H. H. H.</i>		
	Address <i>Dyersville Ind.</i>		
Accident or Suicide?			



Name
in
Full

Ellen B. Flemming

CERTIFICATE OF DEATH

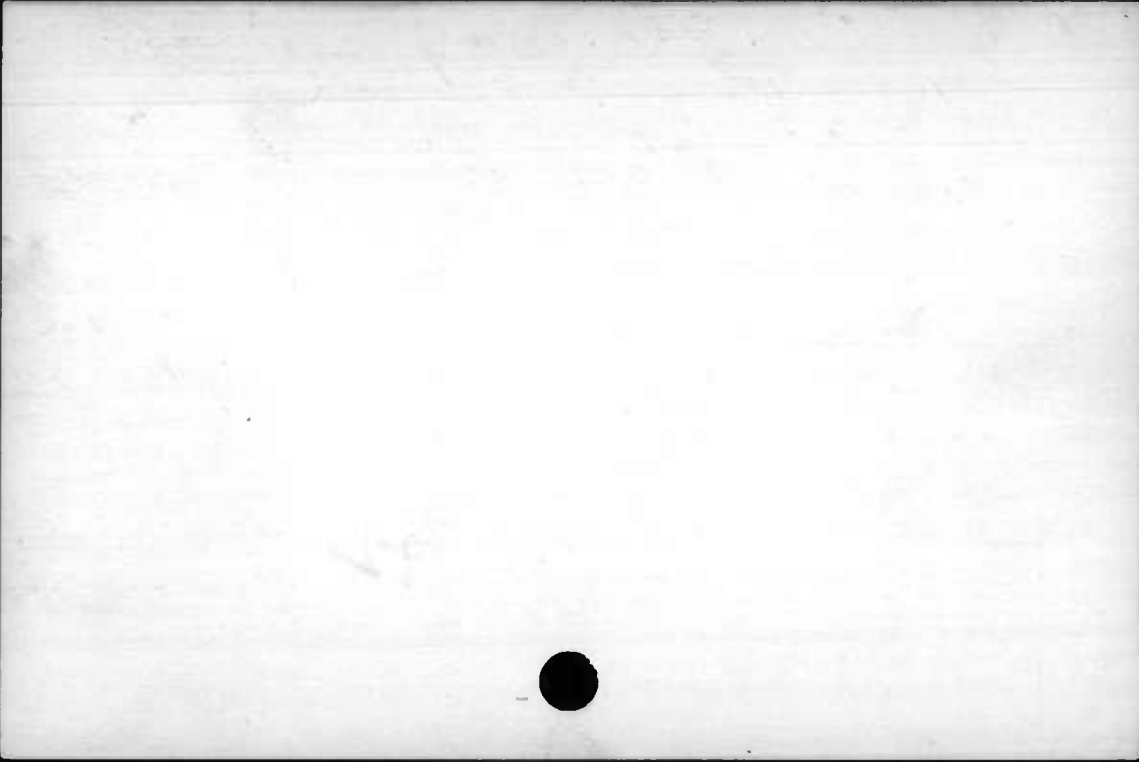
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taneytown</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>March</i> ^{Month}	<i>30</i> ^{Day}	<i>46</i> ^{Age}	<i>8</i> ^{Months} <i>8</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Fredrick Co. Md.</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband	<i>Ruben Flemming</i>		
Father's Name	<i>David L. Morrison</i>			Father's Birthplace	<i>Scotland</i>
Mother's Maiden Name	<i>Harriet B Landis</i>			Mother's Birthplace	<i>Scotland</i>
Name of person giving information	<i>James Nelly.</i>			How related to deceased	<i>Son-in-law.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho pneumonia</i>	How long	<i>4 weeks.</i>
Immediate	<i>Heart failure</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Weiss.</i>
		Address	<i>Taneytown.</i>
			<i>Carroll Co. Md.</i>
Accident or Suicide? <i>_____</i>			



Name
in
Full

Ralph Viron Fogle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New* *Greenville* TownCounty *Carroll*

MARYLAND

Date of death 1905

Month 3

Day 6

Age

Years 1

Months 10

Days 20

Sex

*male*Color or
Race*white*Birth-
place*Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Eli Fogle*Father's
Birthplace*Md.*Mother's
Maiden Name*Matilda Angel*Mother's
Birthplace*Md.*Name of person giving
Information*Eli Fogle*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Hemophilia

How long

since birth

Immediate

Hemorrhage. (Internal)

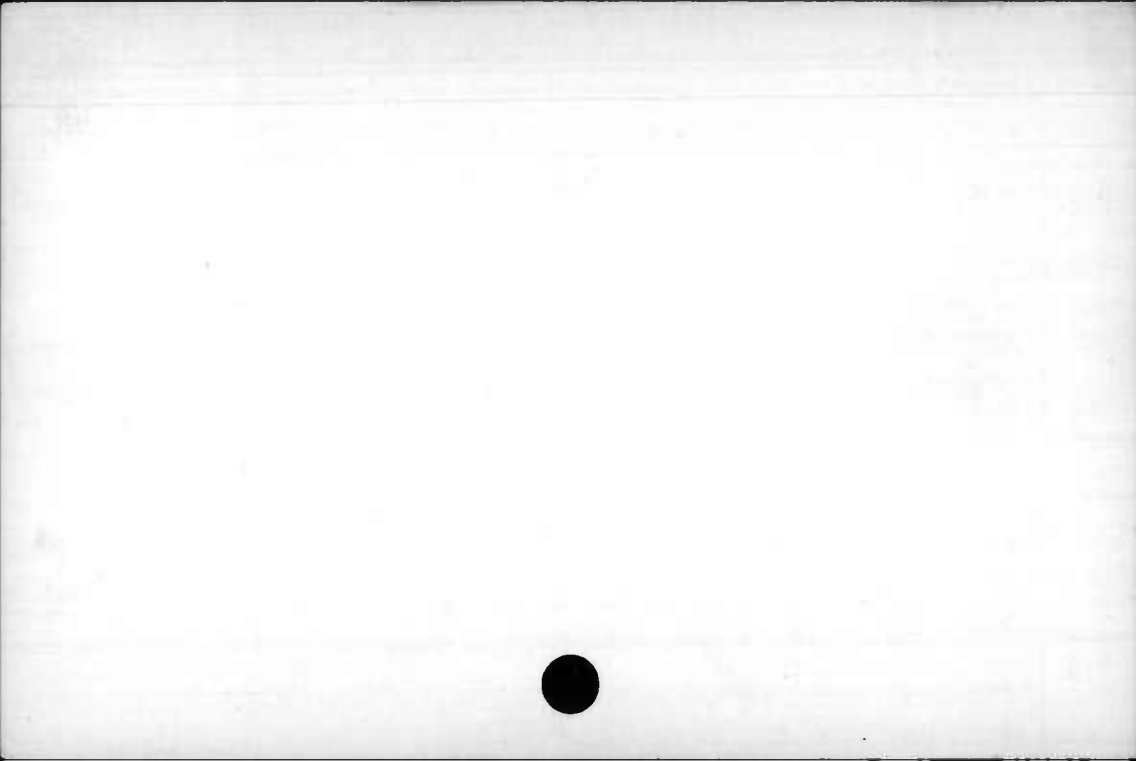
How long

*4 or 5 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*A. H. Lewis*

Address

Camptown. Md.

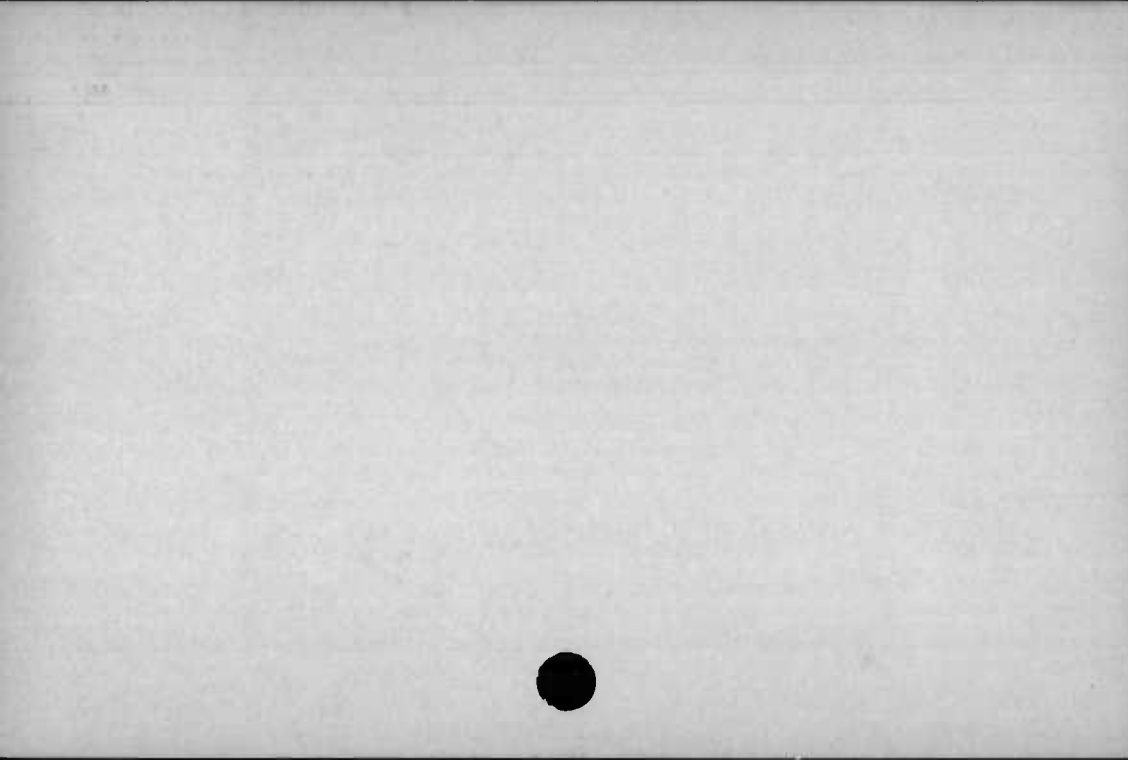
Accident or Suicide?



Name in Full		Marshall Kemp Hatter				CERTIFICATE OF DEATH	
		Town Mayberry		County Carroll		MARYLAND	
		Died at					
		Date of death		Age		Months Days	
		1905 Mch		23		5 23	
		Sex Male		Color or Race White		Birth-place Maryland	
		Occupation None		Where Residing if not at place of death ✓			
		Married, Single or Widowed Single		Name of Wife or Husband ✓			
		Father's Name William H. Hatter				Father's Birthplace Maryland	
		Mother's Maiden Name Bettie Virginia Earl				Mother's Birthplace Maryland	
		Name of person giving information L Kemp				How related to deceased None	
CAUSES OF DEATH							
		Primary Broncho-Pneumonia				How long 4 Wks.	
		Immediate Convulsions 93				How long 24 hrs.	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Luther Kemp	
						Address Uniontown Md	
		Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

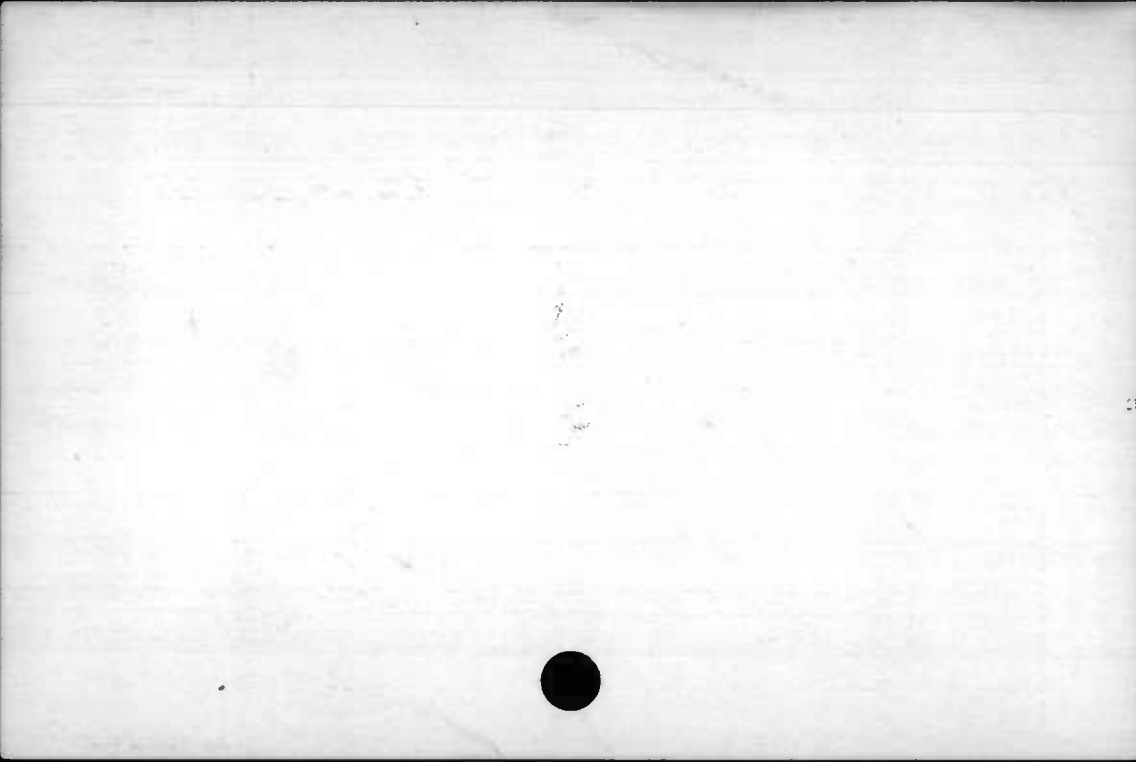
CERTIFICATE OF DEATH

MARYLAND

Name <i>John Hayes</i>		Town <i>Westminster</i>		County <i>Carroll</i>			
Died at							
Date of death		Month <i>March</i>	Day <i>11</i>	Age	Years <i>47</i>	Months <i>8</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Home</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Michael Hayes</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Hartey</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Patrick Hayes</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary	<i>Bright's Disease</i>	How long	<i>don't know</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos J Coonan</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Mar</i>	Day	<i>17</i>	Age	<i>40 -</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months	<i>2</i>
Occupation <i>Laborer</i>		Where Residing if not at place of death		Days		<i>3</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>Joseph Ruon</i>		Father's Birthplace					
Mother's Maiden Name <i>Deborah Green</i>		Mother's Birthplace <i>Carroll Co</i>					
Name of person giving information <i>Joseph Wilcox</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage</i>	How long <i>85</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Matthias M.</i>
<i>Yes</i>	Address <i>Westminster Md.</i>
Accident or Suicide?	

Stoner

Wesley chapel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

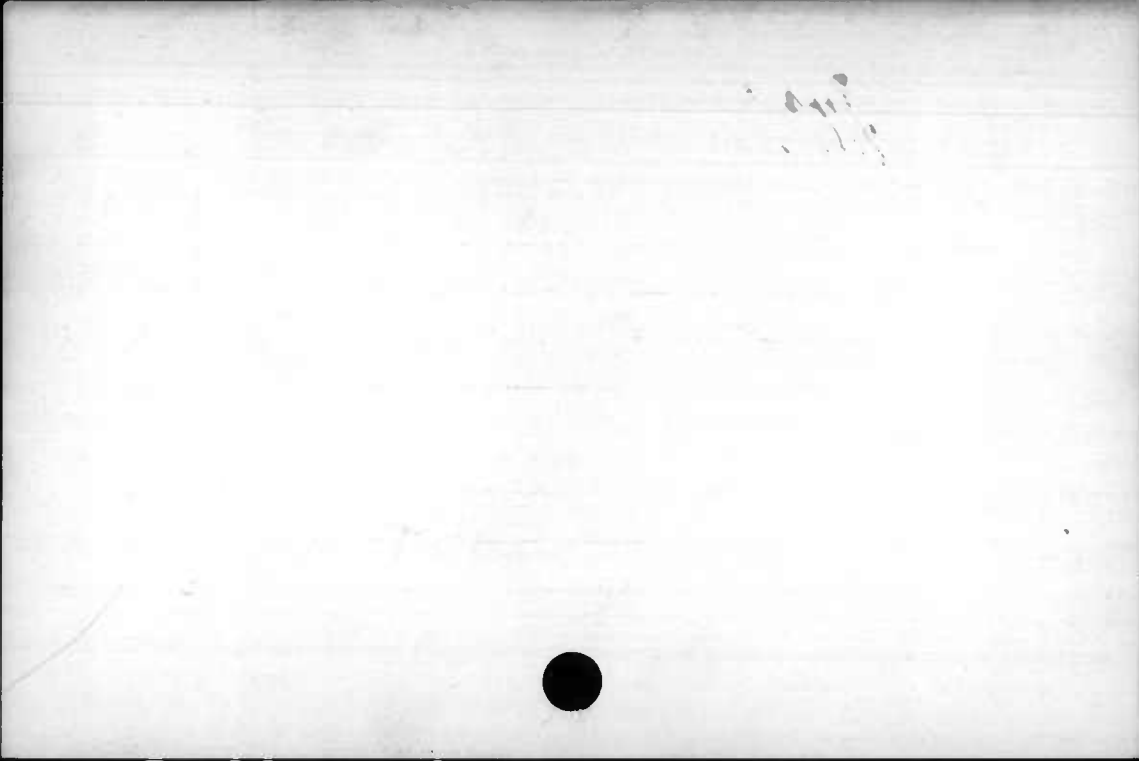
MARYLAND

Name in Full <i>George Washington Hull</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>March</i>		Day <i>20</i>		Age <i>78</i>	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>20</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		Days <i>20</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Baust</i>		Father's Birthplace <i>Maryland</i>			
Father's Name <i>Jacob Hull</i>		Mother's Maiden Name <i>Mary Wicker</i>		Mother's Birthplace <i>Do.</i>			
Name of person giving information <i>Mary Hull</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>3 Months</i>
Immediate <i>Dropsy</i>	How long <i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslea</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Hunt (ind)

Town

County

Carroll

MARYLAND

Died at

Crambury

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1895-

March 13

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Wardchester

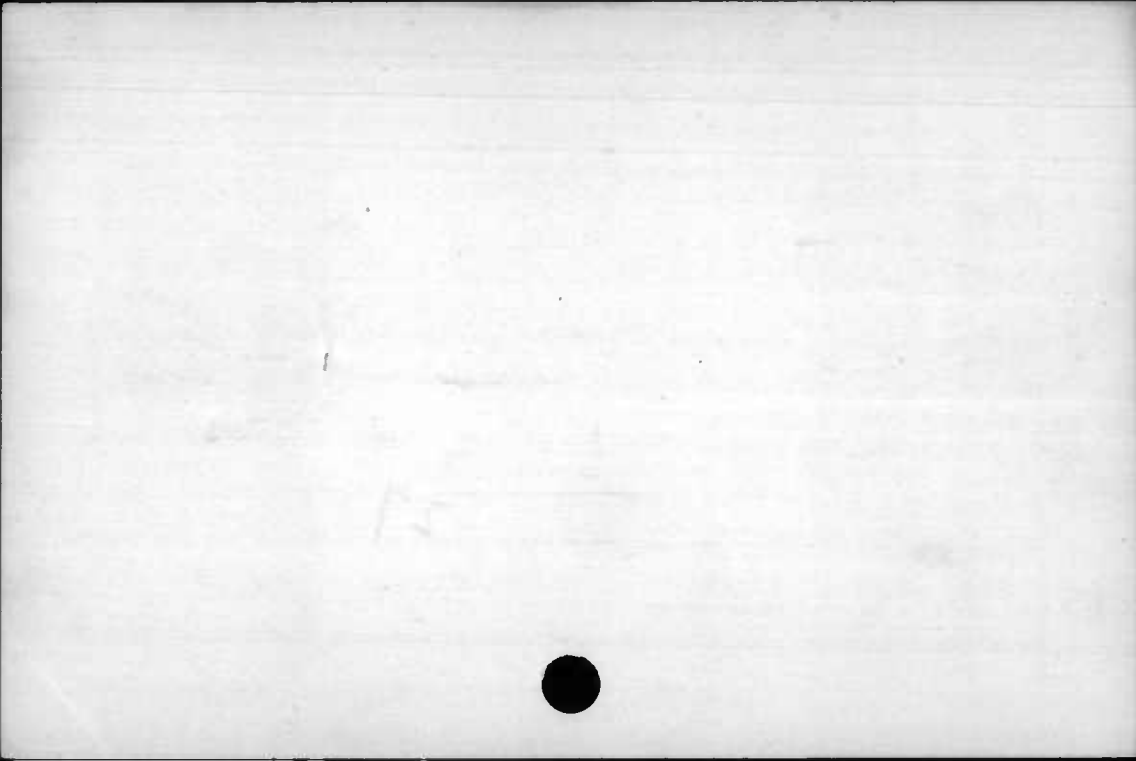
Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Freedom</i>		County <i>Carroll</i>	
		Date of death <i>1905 Mar 2</i>		Age <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Geo Jackson</i>		Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Florence Groves</i>		Mother's Birthplace <i>Ind</i>	
		Name of person giving information <i>Geo Jackson F.</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Inherited Tuberculosis</i>		How long <i>6 months</i>		
	Immediate <i>Acute Pulmonary Tuberculosis</i>		How long <i>6 weeks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E D Cronk</i>		
	<i>Natural</i>		Address <i>Winfield Ind.</i>		
	Accident or Suicide? <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

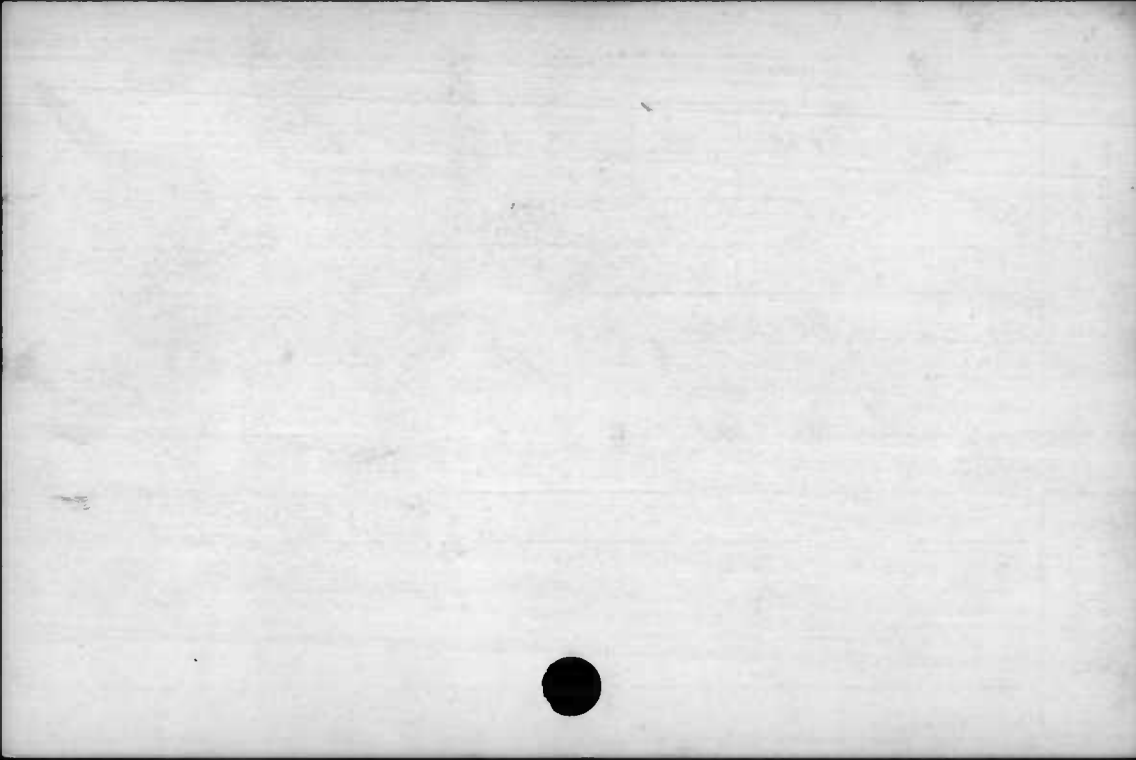
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov	5	8		21	
Sex	Male		Color or Race	African		Birth-place	Seward Co
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry Johnson				Father's Birthplace	
Mother's Maiden Name		Florence Reynolds				Mother's Birthplace	
Name of person giving information		Harry Johnson				How related to deceased	
		Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Serious	How long	35	Abt 1 yr
Immediate	Effects of same	How long	29 3 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. H. Johnson		
Address		Sylvanville, Mo.		
Accident or Suicide?				



Name
in
Full

Christiana Kessler

CERTIFICATE OF DEATH

Died at

Smallwood

County

Carroll

MARYLAND

Date

of death

1905 Mar 18

Age

66

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Rout - Haon

Father's
BirthplaceMother's
Maiden Name

Margaret Kessler

Mother's
Birthplace

Italy

Name of person giving
In formation

Laura Wagner

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

11

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. J. Herring
Medford, N.J.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Stoner

Oliver Lombard

Name in Full

Certificate of Death

Lydia Koutz

Town

County

Died at

Manchester Carroll

MARYLAND

Date

1905

Month

Day

Y.

M.

D.

Native of

Occupation

3-23

Age

88-2-8

Md.

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

E. Koutz

Mother's

Name

Geo. Warner

Elizabeth Lipp

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

J. H. Sherman

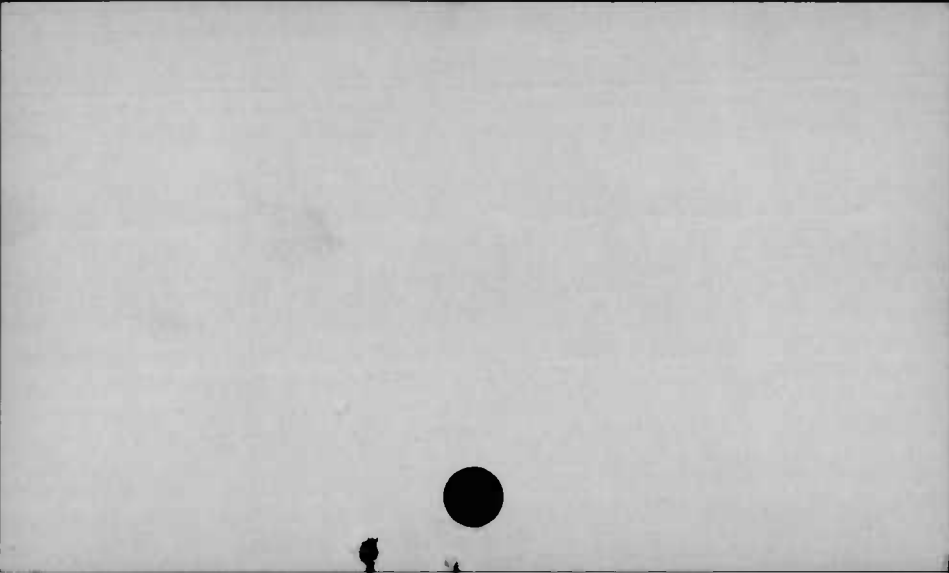
Address

Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Fronia Neoma Leppo

Town

County

Died at

MARYLAND

Date 189

1905

Month

Day

Y.

M.

D.

Native of

Occupation

1905

Mar. 2

Age

1 2

Maryland

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Robt. Leppo

Mother's

Name

Alverta Lorry

Cause of

Primary

Pneumonia

Death

Immediate

Cyanosis

How long sick

6 days

Accident, Suicide, Homicide

Reported by

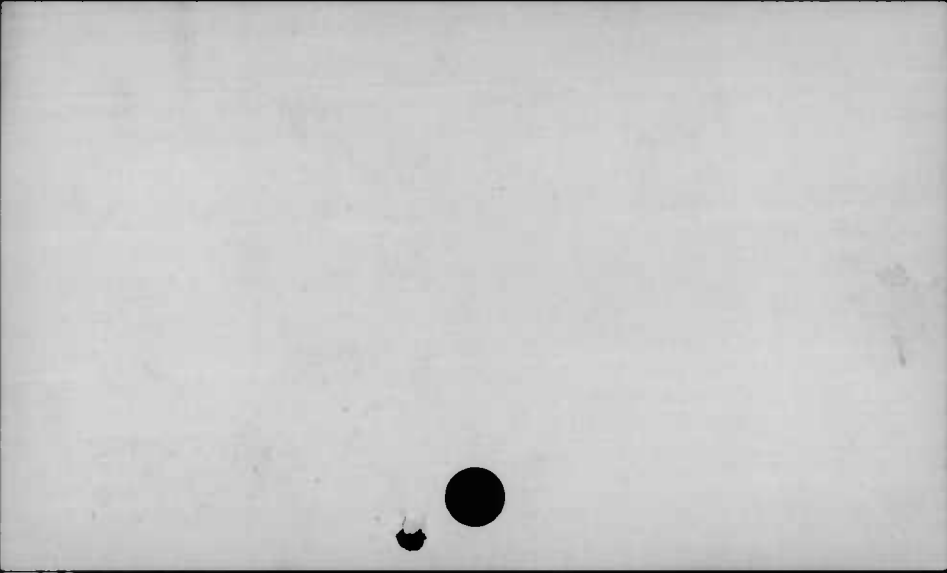
John Sziegler M.D.

Address

Melrose

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70706



Name
in
Full

Sallie Ann Mc Cartey

CERTIFICATE OF DEATH

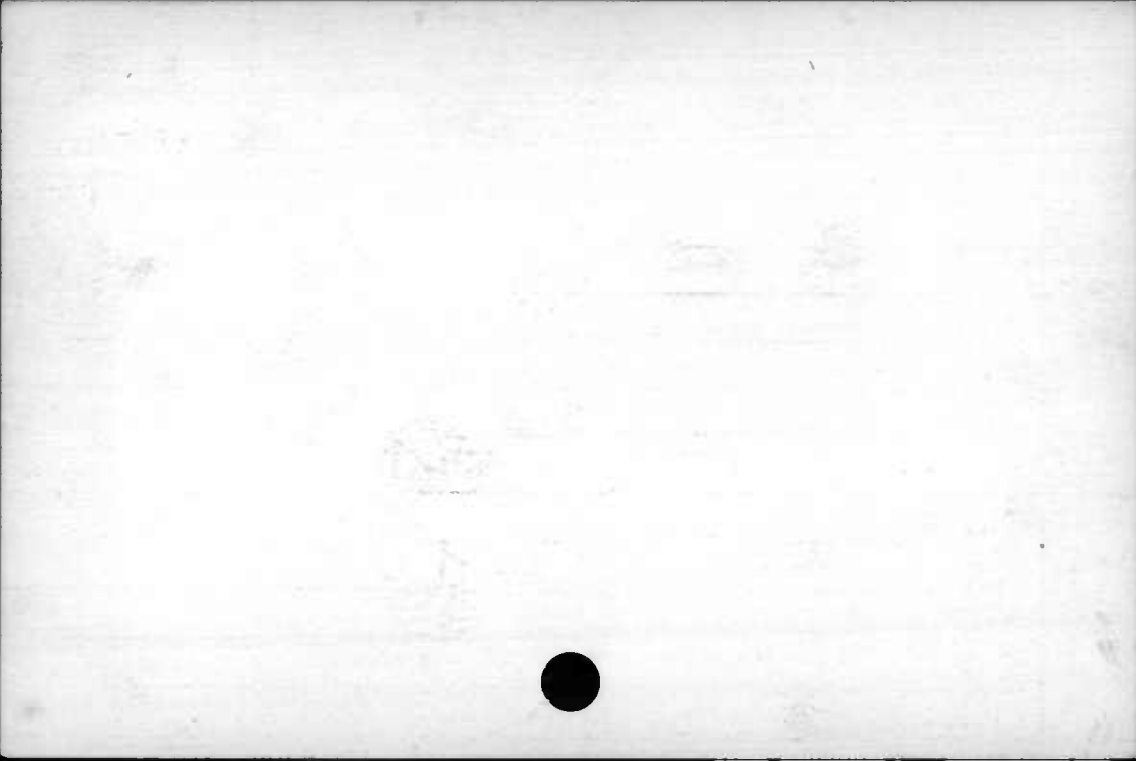
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		1905	Month Mar	Day 4	Age 2	Years 3	Months 14
Sex Female		Color or Race white		Birth-place Carroll Co			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William J. Mc Cartey		Father's Birthplace Carroll. Co					
Mother's Maiden Name Minnie C. Kelley		Mother's Birthplace " "					
Name of person giving information William J. Mc Cartey		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary convulsion		How long over hour	
Immediate exhaustion		How long 7 1/2	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. J. Boman M.D.	
		Address Westminster	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sandyville*

Town

Carmel

County

Date of death *1905* *March*

Month

Day

*20*Age *77*

Years

Months

10

Days

*23*Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*William Miller*Father's
Name*Henry Sutzgier*Father's
Birthplace*Maryland*Mother's
Maiden Name*Magdalena Ehrman*Mother's
Birthplace*DO*Name of person giving
In formation*Geo. H. Miller, son*How related
to deceased

CAUSES OF DEATH

Primary

Acute Rheumatism

How long

2 weeks

Immediate

Heart Failure

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Jas. H. Bolling led
Westminster Md.

Accident or Suicide?

No

Westminster - Cemetery

Shannon

Name
in
Full

Charles Mourer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield State Hospital</i>		Town <i>Springfield</i>		County <i>Sykesville</i>		MARYLAND	
Date of death	1905	Month	March	Day	17	Age	67
Sex	male		Color or Race	White		Birth-place	Md.
Occupation	Plasterer			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband <i>Susan Parker</i>				
Father's Name	<i>Henry Mourer</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Gitt</i>					Mother's Birthplace	<i>11</i>
Name of person giving information	<i>Hospital records</i>					How related to deceased	

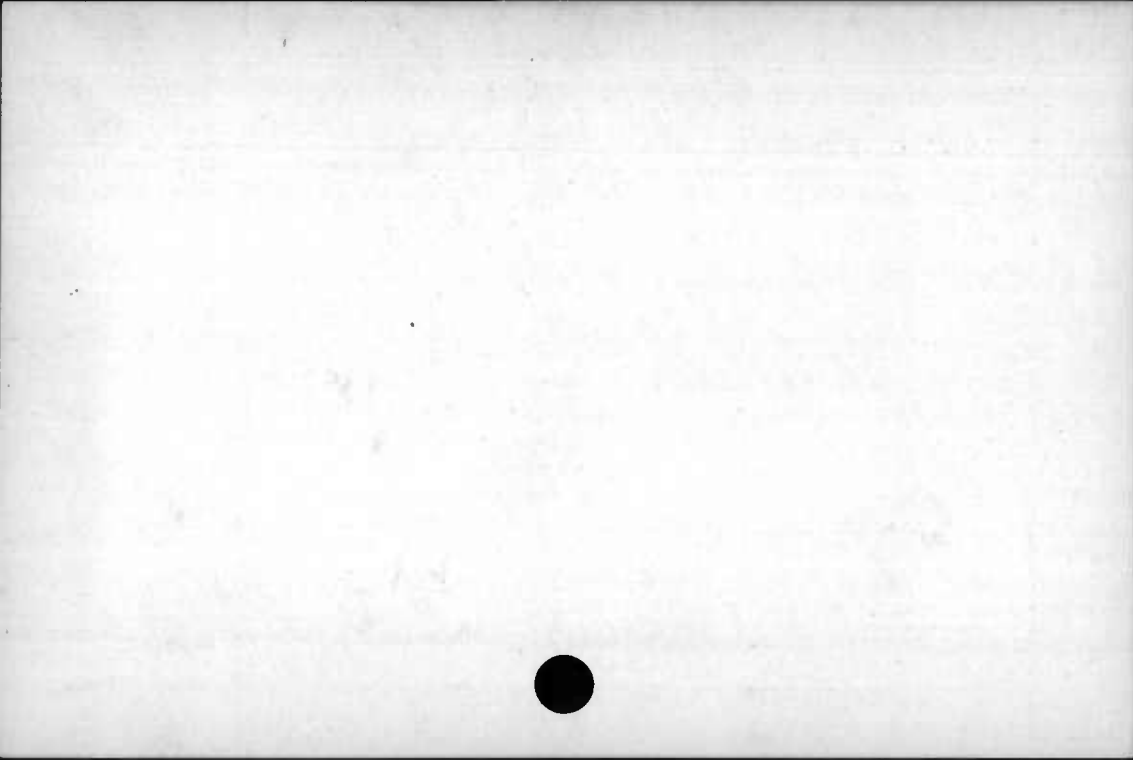
CAUSES OF DEATH

PHYSICIAN
OR CORONER

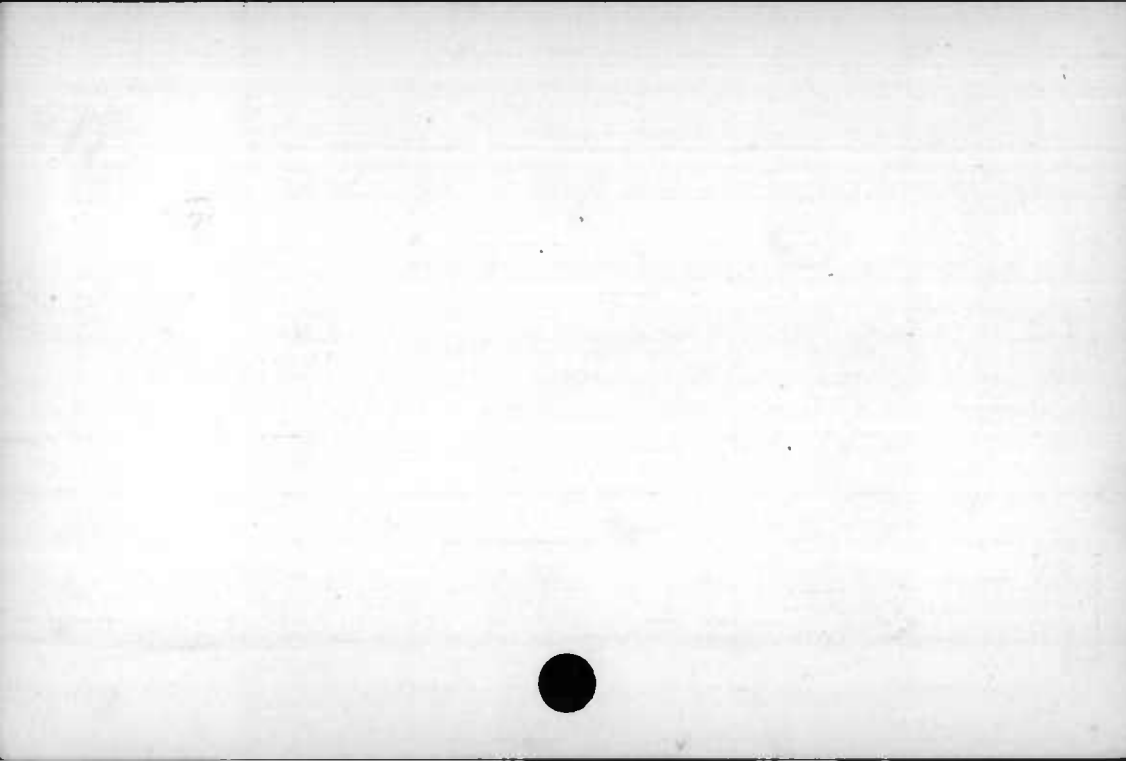
Primary	<i>Alcoholic Melancholia</i>	How long	<i>about 2 mths</i>
Immediate	<i>Exhaustion</i>	How long	<i>56</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>To best of my knowledge</i>		<i>Chas J. Carey</i>	
Accident or Suicide?		Address	
<i>No</i>		<i>Sykesville Md.</i>	

Kriders

Name in Full		Certificate of Death			
6001		Catharine Murray			
		Town		County	
Died at		Carrollton		Carroll	
Date of death 190		Month	Day	Years	Months
3		March	26	30	-
Age		30		-	
Sex		Female		Color or Race	
		White		Birth-place	
		Maryland			
Married, Single or Widowed		Widow		Occupation	
Name of Wife or Husband		Edsworth Murray			
Father's Name		Peter Blyzard		Father's Birthplace	
				Maryland	
Mother's Maiden Name		Jennie Stonelaker		Mother's Birthplace	
				"	
Name of person giving information		William Blyzard		How related to deceased	
				Brother	
CAUSES OF DEATH					
Primary		Tuberculosis		How long	
				3 months	
Immediate		"		How long	
				"	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				J. D. Herring	
				Address	
				Westminster	
				Md	
Accident or Suicide?					



Name in Full		Garry Jane Nail				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		New Port		County		Carroll
	Date of death		1905	Month	March	Day	3
					Age	46	Years
	Sex		Female		Color or Race	W	Birth-place
	Occupation		Domestic		Where Residing if not at place of death		New Port
	Married, Single or Widowed		Married		Name of Wife or Husband		Isiah Nail
	Father's Name		Henry Evers		Father's Birthplace		Ind
Mother's Maiden Name		Not known		Mother's Birthplace			
Name of person giving information		Isiah Nail		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Organic Heart Disease			How long	
						4. weeks	
	Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. J. Brooks	
				Address		Marston Md.	
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

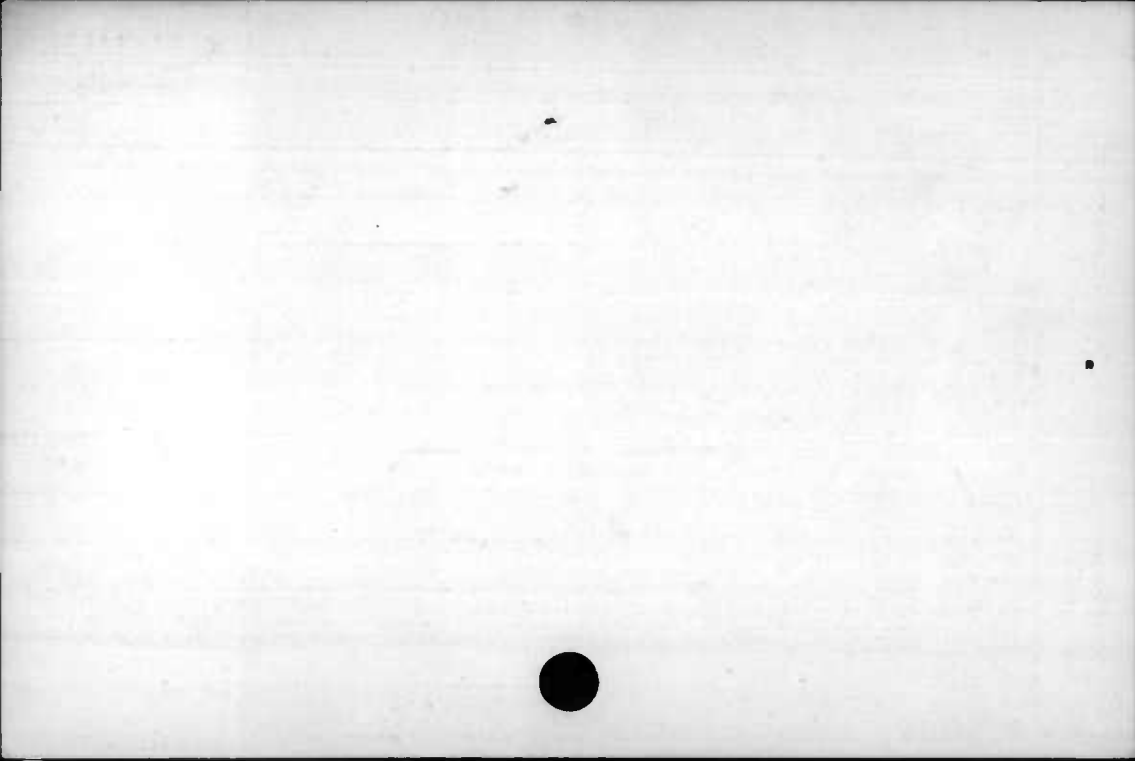
William Wallace Nail

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND			
Date of death		1905	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Ind
Occupation		Farmer		Where Residing if not at place of death		dlemings			
Married, Single or Widowed		Married		Name of Wife or Husband		Ann. Bail Nail			
Father's Name		David. W. Nail				Father's Birthplace		Ind	
Mother's Maiden Name		Susan Murray				Mother's Birthplace		Ind	
Name of person giving information		Joseph Otem				How related to deceased		Not related	

CAUSES OF DEATH

Primary	Paralysis	How long	10 days
Immediate	Yes.	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. J. Brooks	
		Address	
		Marston Ind.	
Accident or Suicide?			



Name
in
Full

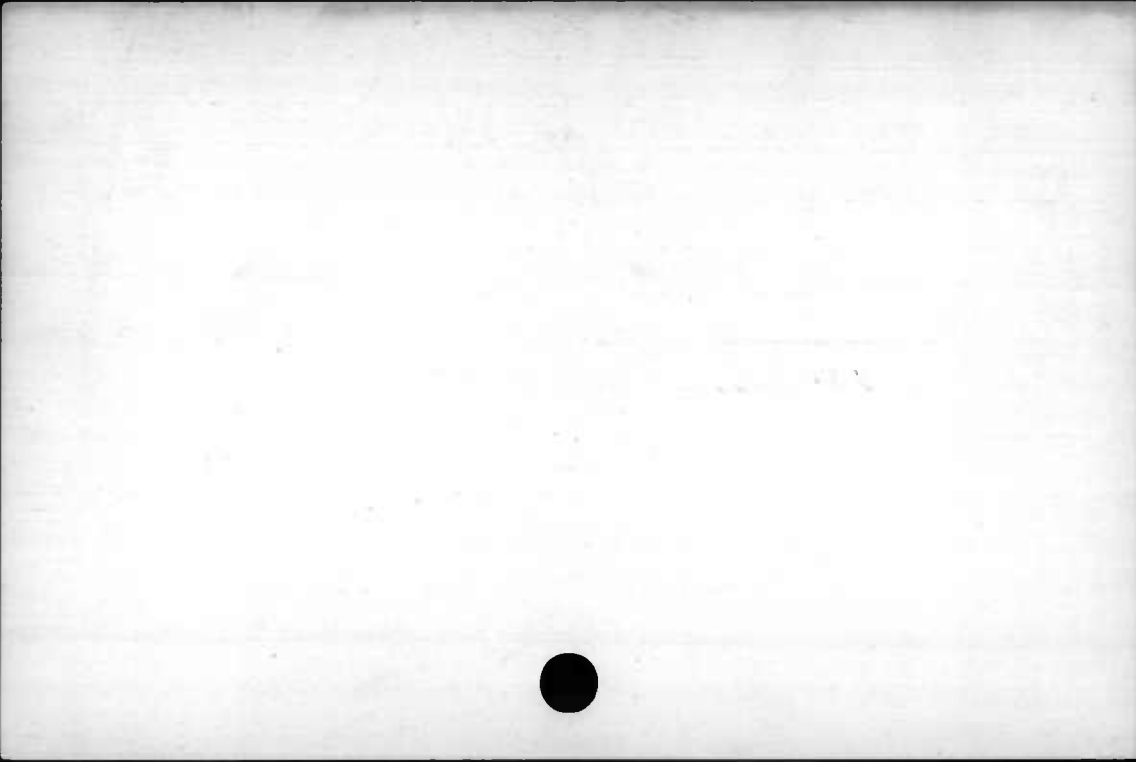
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia E Obold</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Westminster</i>		Date of death 1905		Month <i>March</i>		Day <i>20</i>	
Age <i>76</i>		Years <i>76</i>		Months <i>10</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edwin Obold</i>					
Father's Name <i>Joseph Wivell</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Leont Knorr</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mary Beamer</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Pericarditis</i>	How long <i>3 weeks</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Herring</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	



Susan Palmer

Died at Hampstead Town Carroll County MARYLAND

Date 1905 March 27 Month Day Y. M. D. Age 53. 8. 15 Native of Maryland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 5

Husband of J. James Palmer

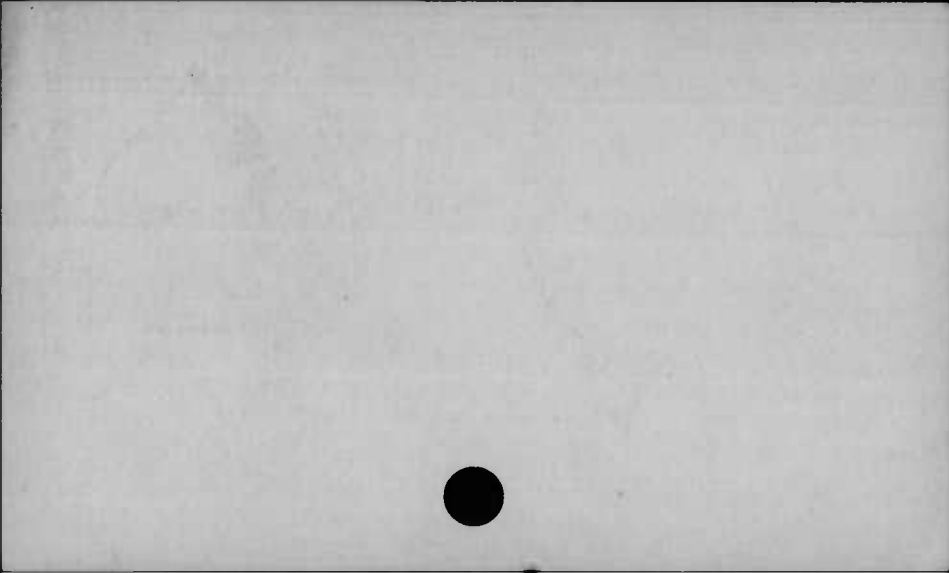
Wife's Name Geo Winterode Mother's Name Ray Burns

Cause of Death { Primary Tuberculosis of Bowels How long sick 1 year
 Immediate

W Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.
 Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

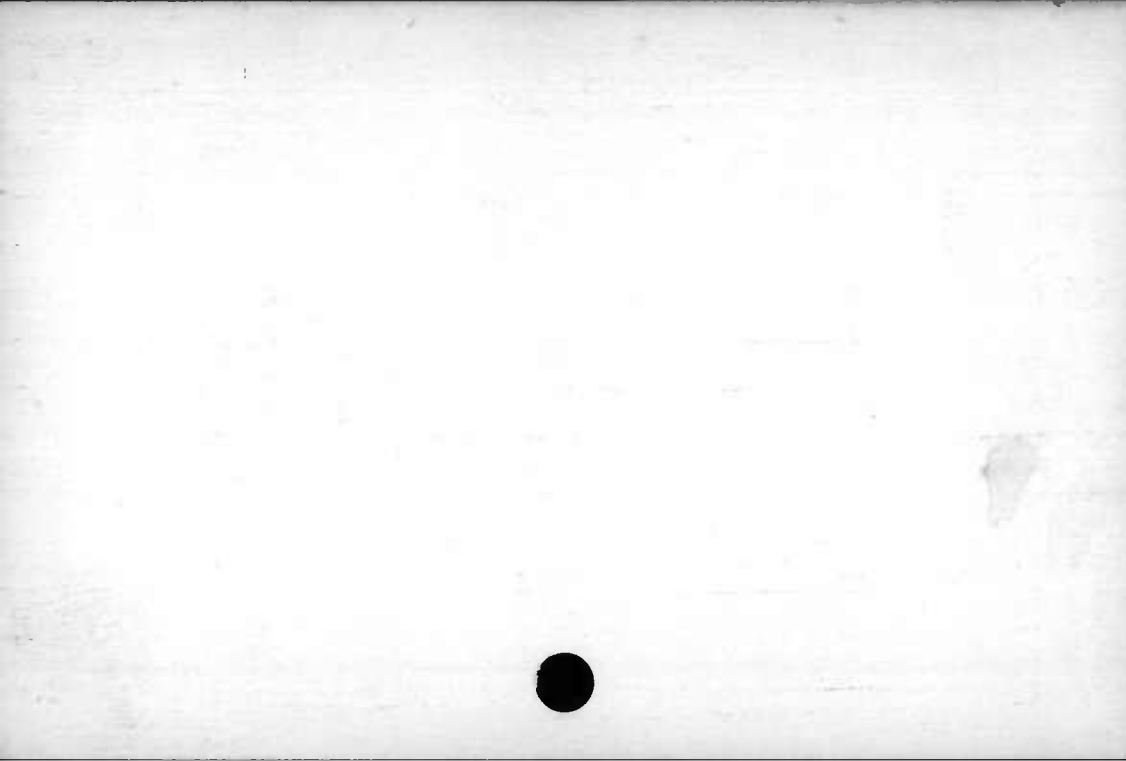
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Poole</i>		Town <i>Lykesville</i>		County <i>Carroll</i>		MARYLAND			
Died at <i>Lykesville</i>		Date of death <i>1905</i>		Month <i>3rd</i>	Day <i>13th</i>	Age <i>57</i>	Years <i>57</i>	Months <i>57</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband							
Father's Name <i>Thomas L. Jones</i>		Father's Birthplace <i>Md.</i>							
Mother's Maiden Name <i>Sarah Poole</i>		Mother's Birthplace <i>Md.</i>							
Name of person giving information <i>Priscilla Jones</i>		How related to deceased <i>Cousin</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>5 years</i>
Immediate <i>Acute Gastritis</i>	How long <i>About 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital</i>
Accident or Suicide? <i>No.</i>	<i>Lykesville, Carroll Co. Md.</i>



Name
in
Full

Eliza Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Watersville</i>		County <i>Carroll</i>		TOWN		MARYLAND	
Date of death	<i>1905</i>	Month <i>3d</i>	Day <i>8th</i>	Age <i>20</i>	Years	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>near Watersville</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Wm. W. Poole</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Eliza V. Hall</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Amanda Benson</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammatory. Rheumatism</i>	How long <i>six months</i>
Immediate <i>Cardiac disease & Dropsy</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. T. Cronk</i>
	Address <i>Taylorville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Henry Poole

Town

Westminster

County

Carroll

MARYLAND

Died at

Date

1905

Month

March

Day

17

Age

Years

84

Months

7

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Mary E. Smith

Father's
Name

Lloyd Poole

Father's
Birthplace

Maryland

Mother's
Maiden Name

Alma Barnes

Mother's
Birthplace

Do.

Name of person giving
Information

Emma Poole

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

Heart failure

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. H. Billingslee M.D.

Westminster Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Westminster Amenities.

Name
in
Full

Theodore Roosevelt Potthouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakland</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>3rd.</i>	Day <i>15</i>	Age <i>—</i>	Months <i>5</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>Richard J Potthouse</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Lucy Posey</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving information <i>Richard J. Potthouse</i>		How related to deceased <i>Father</i>			

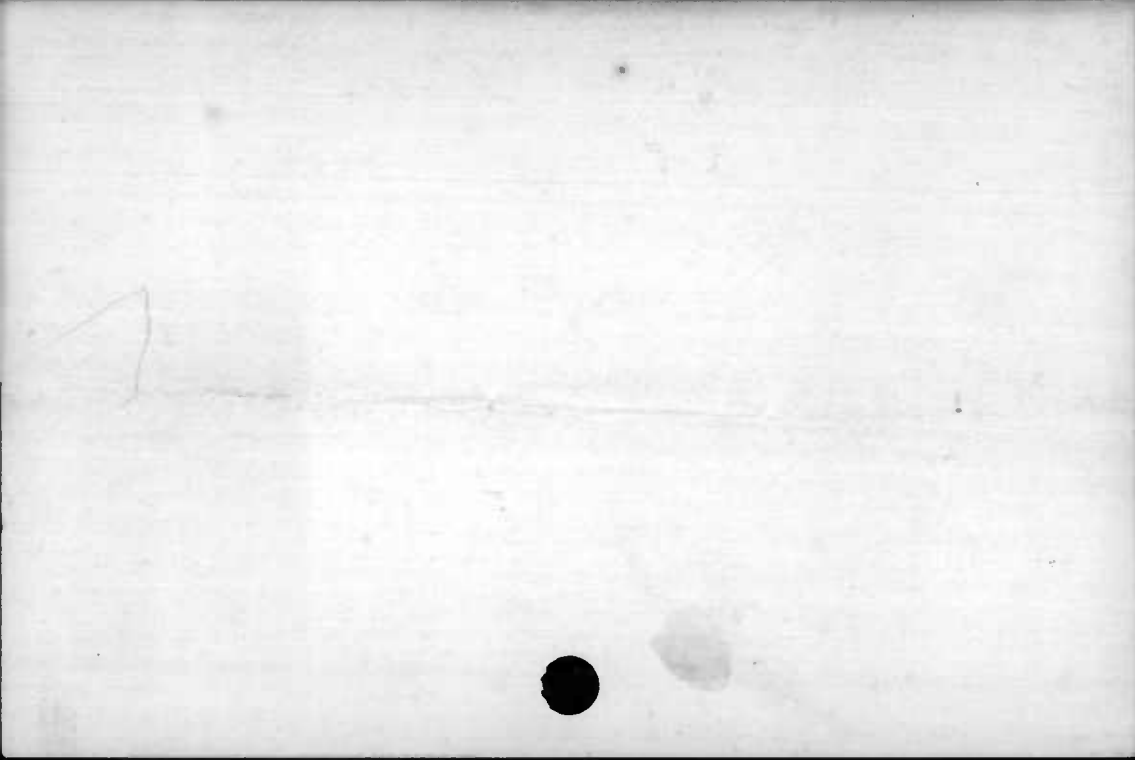
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. H. Ward</i>
	Address <i>Harrisonville</i>
	<i>Ind.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lylesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>	
		Date of death <i>1905</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>9</i>		Age <i>1</i> <small>Years</small> <i>10</i> <small>Months</small> <i></i> <small>Days</small>	
		Sex <i>Male</i>		Color of Race <i>African</i>	
		Occupation <i></i>		Birth-place <i>Howard Co</i>	
				Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>James Prettyman</i>		Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name <i>Lizzie Robinson</i>		Mother's Birthplace <i>Howard Co</i>			
Name of person giving information <i>Henry Robinson</i>		How related to deceased <i>Grand Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Infant mortality Imp</i> <i>15</i>		How long <i>5 weeks</i>	
		Immediate <i>Effects of same</i>		How long <i></i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. W. H. H. H. H.</i>	
				Address <i>Lylesville, Md.</i>	
		Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rhumbottom, Norman Roland

Town

County

MARYLAND

Died ~~at~~ ^{near} Eldersburg

Barrow

Date

Month

Day

Years

Months

Days

of death 1905

3

14

Age

One

6

21

Sex

male

Color or
Race

Colored

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Marriott Rhumbottom

Father's
Birthplace

Md -

Mother's
Maiden Name

Mary Groves

Mother's
Birthplace

Md -

Name of person giving
Information

Marriott Rhumbottom

How related
to deceased

Father

CAUSES OF DEATH

Primary

Peritonitis

How long

3 weeks

Immediate

strangulation

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. Frank Lucas MD

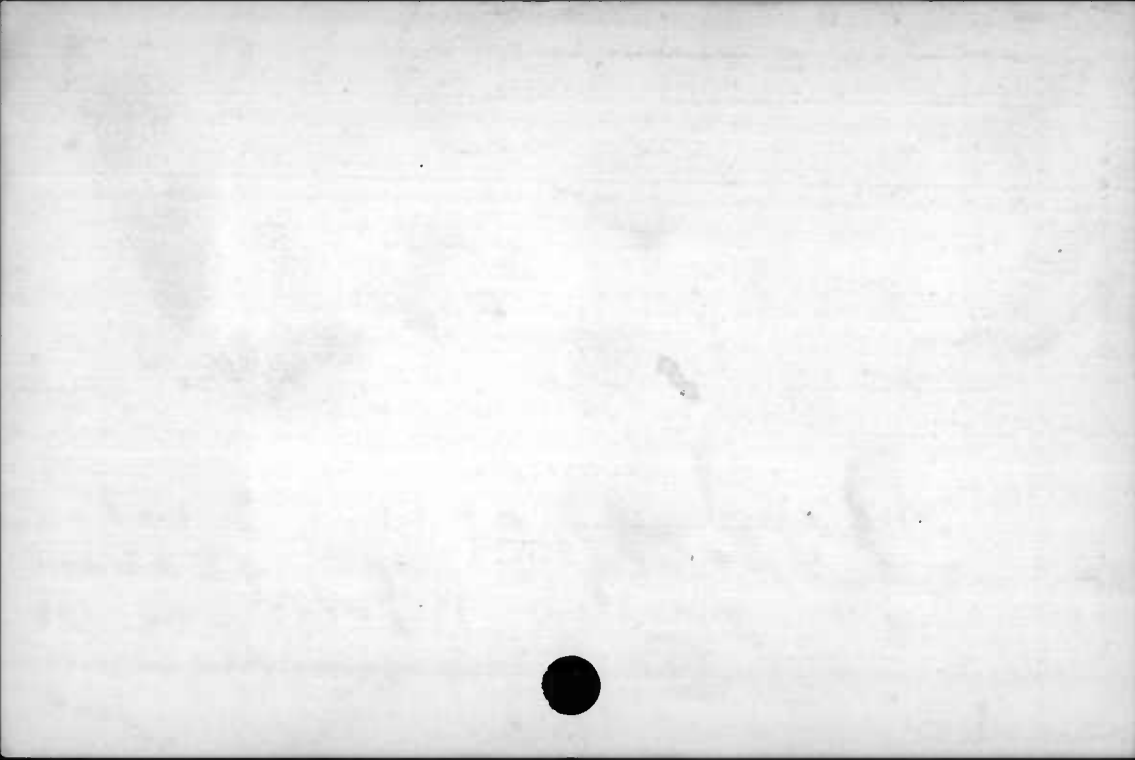
Address

Sykesville Md -

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

Peter Sellers

CERTIFICATE OF DEATH

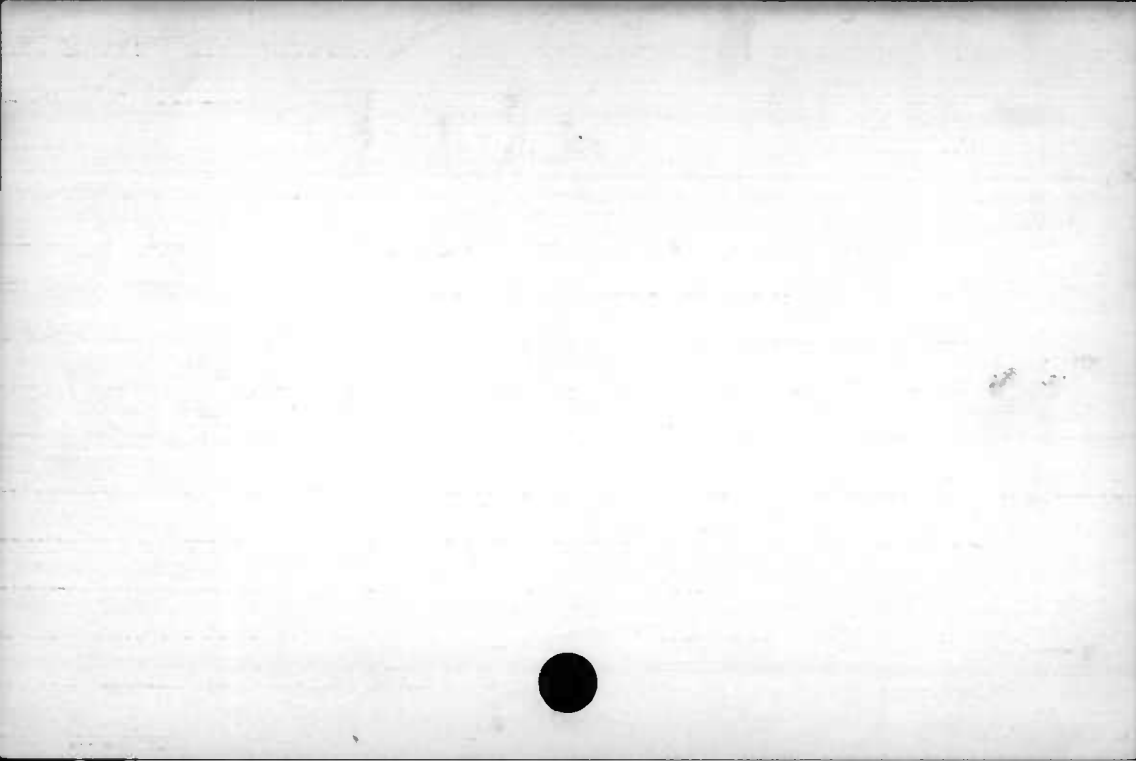
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manchester</i> ^{Town}			<i>County of Carroll</i> ^{County}		MARYLAND	
Date of death	1905	Month	March	Day	23	Age
Sex		Male		Color or Race	White	
Occupation		Farmer		Birth-place	Manchester	
Where Residing if not at place of death				Manchester		
Married, Single or Widowed	Widower		Name of Wife or Husband	Mary Sellers		
Father's Name	— — — — —				Father's Birthplace	— — — — —
Mother's Maiden Name	— — — — —				Mother's Birthplace	— — — — —
Name of person giving information	Emanuel Sellers				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inferiority of age</i>		How long	<i>Three years</i>
Immediate	<i>Apoplexy</i>		How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>W. H. Preston M.D.</i>
			Address	<i>Manchester</i>
Accident or Suicide?		No		



Name in Full

Certificate of Death

George Seymour

Town

County

Died ~~at~~ near *Sylkesville* *Carroll*

MARYLAND

Date *1905* *March 9* | Age *62* - - | Native of *Ind.* | Occupation *none*
 Male ~~Female~~ | ~~White~~ | Married ~~Single~~ | ~~Widow~~ | ~~Divorced~~ |
~~Female~~ | Colored | Single | Widower | Number of children living *2*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Epilepsy

How long sick,

Death

Immediate

69 ✓
~~Accident, Suicide, Homicide~~

Reported by

Address

M.D. Morris, M.D.
Eldersburg, Ind.

Must be signed by physician, if any in attendance, otherwise by  er, undertaker or minister.



Name
in
Full

Otho Augustus Shank

CERTIFICATE OF DEATH

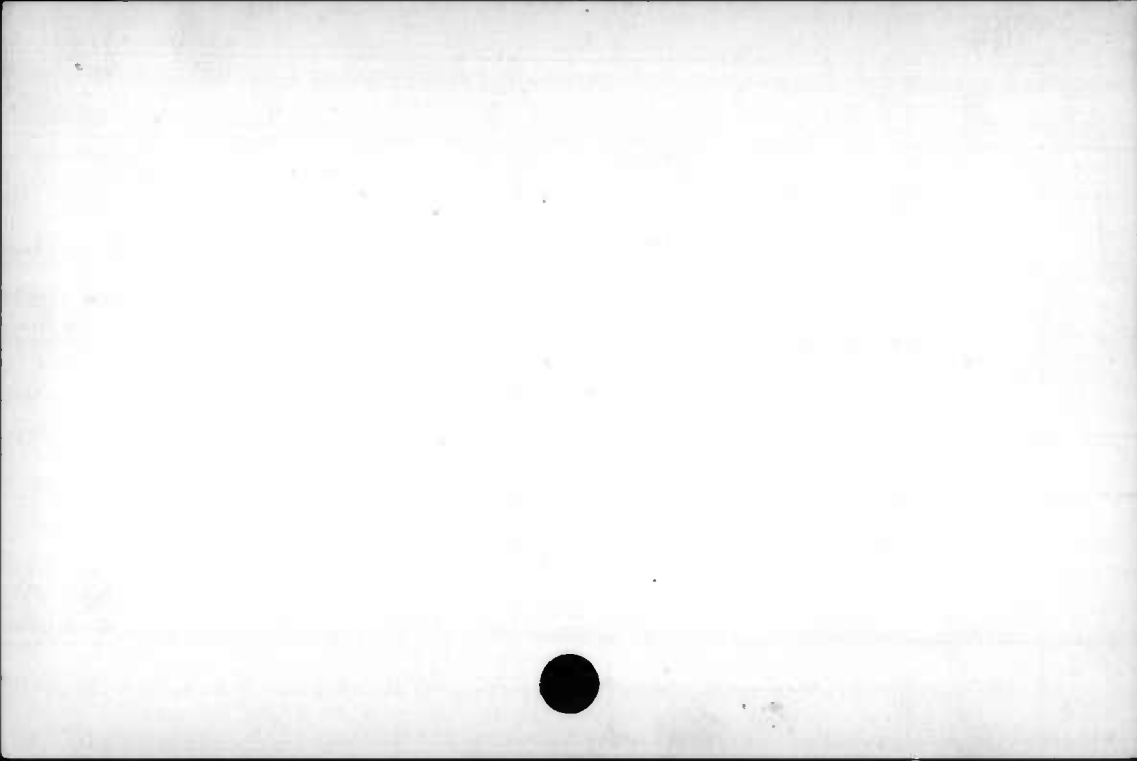
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Taney town		County Carroll		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	Mar	15	58	4	9	
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Shank			
Father's Name	Frederick A. Shank				Father's Birthplace	Ind	
Mother's Maiden Name	Phoebe Crumbaugh				Mother's Birthplace	Ind	
Name of person giving Information	Elizabeth Shank				How related to deceased	self	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach		How long	2 Years
Immediate	Asthenia		How long	40
Are the name, age, sex, color, date and place correctly given above?		ye	Signature of Physician	E. Birnie
			Address	Taney town
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

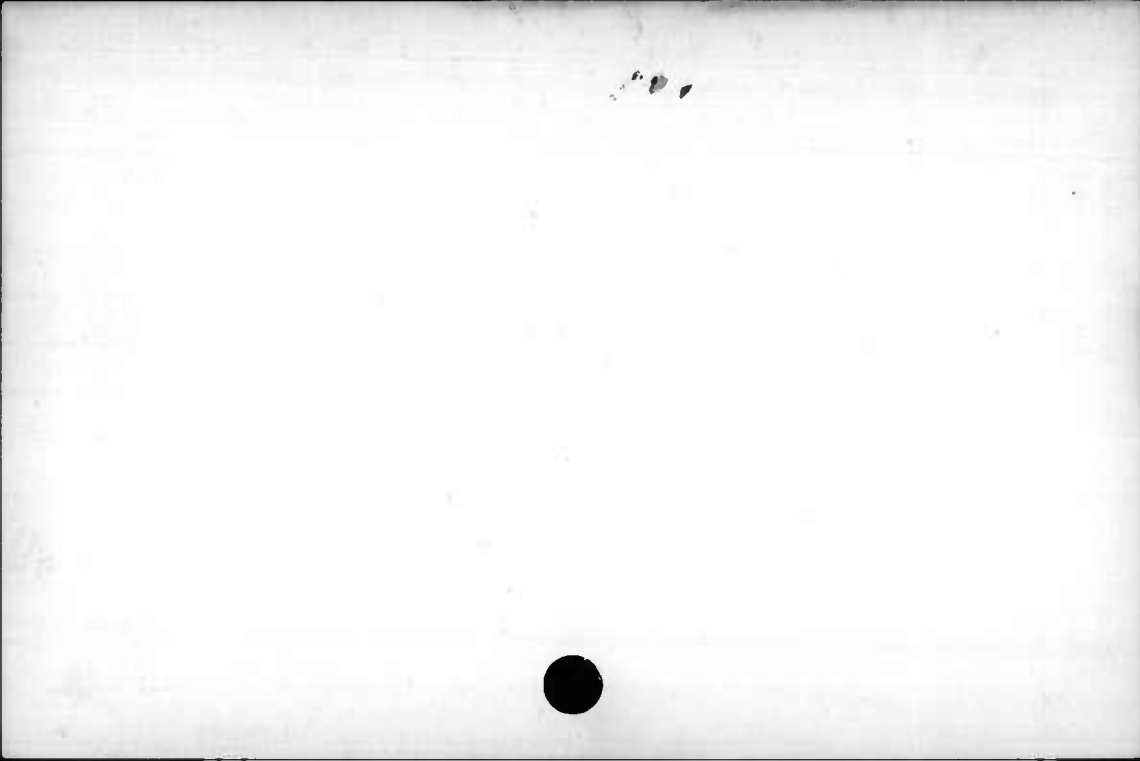
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bark Hill</i>		County <i>Carroll</i>		MARYLAND	
Date of death		1905	Month <i>March</i>	Day <i>22nd</i>	Age <i>58</i>	Years <i>5</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Maryland</i>			
Occupation <i>Shoemaker</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary L. Shew</i>					
Father's Name <i>Thomas B. Shew</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Matilda Shew</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Mary L. Shew</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>5 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kemp</i>
	Address <i>Uniontown Md</i>
Accident or Suicide?	



Name
in
Full

Raymond Lee Shortley

CERTIFICATE OF DEATH

Town

Ridgeville

County

Carroll

MARYLAND

Died at

Date

of death 1905

Month

March

Day

26

Years

Age

Months

11

Days

4

Sex

Male

Color or
Race

Caucasian

Birth-
place

Ridgeville

Occupation

Where Residing if not
at place of death~~Married~~, Single
or ~~Married~~Name of Wife or
HusbandFather's
Name

Robert Shortley

Father's
Birthplace

Stromy County

Mother's
Maiden Name

Lrene Taylor

Mother's
Birthplace

Keokuk town

Name of person giving
Information

Robert Shortley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Immediate

Brain Fever

How long

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L J Lewis

Address

Antair and
Underhoken

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clarence

Tipton

CERTIFICATE OF DEATH

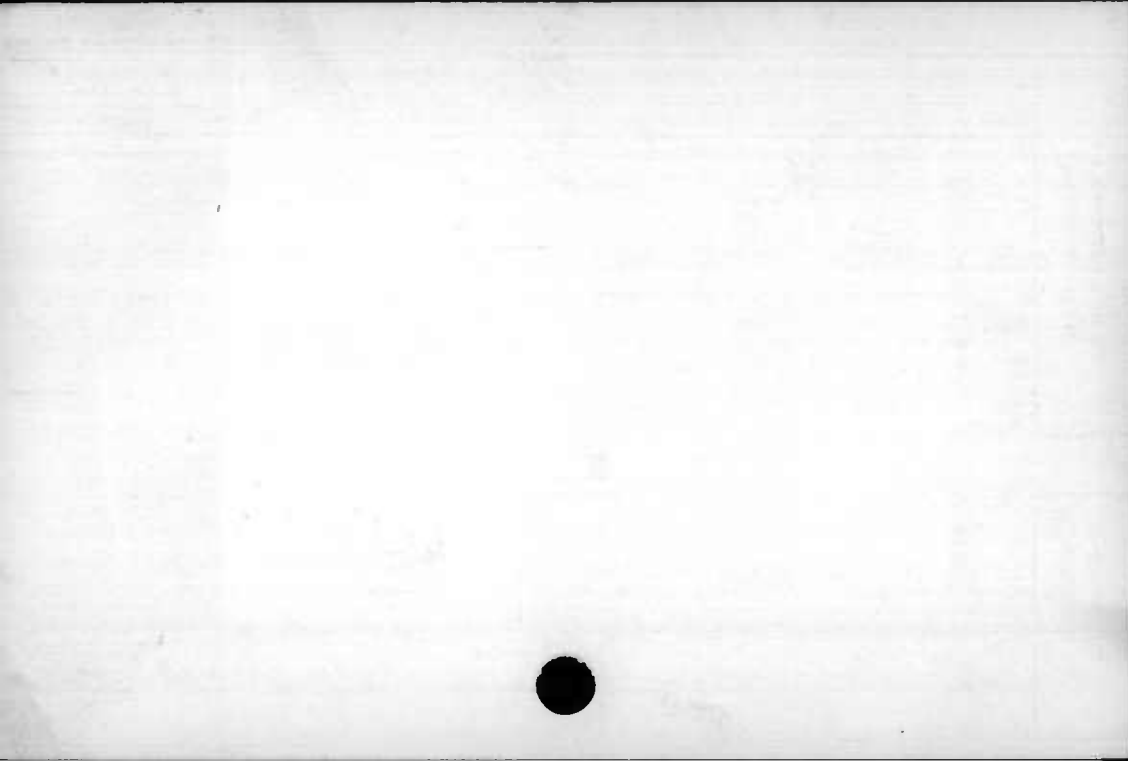
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Porters</i>		Town <i>Porters</i>		County <i>Learnace</i>		MARYLAND	
Date of death	<i>1905-</i>	Month <i>March</i>	Day <i>27</i>	Age <i>6</i>	Years <i>6</i>	Months <i>2</i>	Days <i>27</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Oakland Md</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>Baltimore Md</i>				
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>				
Father's Name <i>Joseph Tipton</i>			Father's Birthplace <i>Lanngreen Md.</i>				
Mother's Maiden Name <i>Sarah Shipley</i>			Mother's Birthplace <i>Weathersills Md</i>				
Name of person giving In formation <i>Sarah Tipton</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catarrahal Fever</i>	How long <i>60</i> <i>2 weeks</i>
Immediate <i>Cerebritis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. D. Crank</i>
	Address <i>Winfield Md.</i>
Accident or Suicide?	



Name
in
Full

Zachariah Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Springfield State Hospital ^{County} LyservilleDate of death 1905 ^{Month} Mch. ^{Day} 12 ^{Years} 50 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

~~Married, Single~~ or ~~Widowed~~ Name of Wife or Husband

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Hospital records How related to deceased —

CAUSES OF DEATH

Primary Lobar Pneumonia 93 How long 8 days

Immediate Emphysema How long

Are the name, age, sex, color, date and place correctly given above? To best

Signature of Physician

Address

of my knowledge

Chas. J. Barry
Lyserville Md

Accident or Suicide?



Name
in
Full

Calvin C. Kautz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Silver Run</i>		Town <i>Silver Run</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar.</i>	Day <i>12</i>	Age	Years	Months <i>8</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Carroll Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Dead</i>				Father's Birthplace			
Mother's Maiden Name <i>Delia Myers</i>				Mother's Birthplace <i>Carroll Co</i>			
Name of person giving information <i>Delia Myers</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scrophulous</i>	How long <i>beginning of Jan'y 1905</i>
Immediate <i>Catarrhal Bronchitis</i>	How long <i>March 6, 1905</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. B. Meiners</i>
	Address <i>Shelburne, Penna</i>
Accident or Suicide?	

Pleasant Valley

Stones

Name
in
Full

Otto Weigle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Springfield State Hospital ^{County} CarrollDate of death 1905 ^{Month} March ^{Day} 2nd ^{Age} 64 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Germany

Occupation Cabinet maker Where Residing if not at place of death

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Hospital records How related to deceased

CAUSES OF DEATH

Primary Strangulated hernia 198 How long 18 hr.

Immediate General peritonitis How long ?

Are the name, age, sex, color, date and place correctly given above? To be

Signature of Physician

Chas J. Carey
Lyserville Md.

Address

if my knowledge

Accident or Suicide?

PHYSICIAN
OR CORONER

